



## MEMBERSHIP APPLICATION

(must be completed each year)

### SIGN ME UP!

☒ **Yes, start my membership today!**

Contact (Delegate) Name

Title

Company

Street Address

City

State

Zip

Phone

Fax

E-mail Address

CEO Name

CEO E-mail

# of Employees

**Additional Contact for Companies with 100+ employees**

Additional Contact (Delegate) Name

Title

Street Address

Phone

E-mail Address

### WORKWELL BENEFITS

Well Workplace  
Delegate Meetings  
Working Heart Guide  
Wellness Kit  
Incentive Programs  
Workshops & Conferences  
Consultation  
Networking  
Community Partnerships  
WELCOA Membership

### MEMBERSHIP FEE SCALE

# of employees	Annual Membership Fee
1 - 24 (membership does not include Well Workplace) .....	\$110.00
1 - 24 (membership includes Well Workplace) .....	\$219.00
25 - 50 (membership includes Well Workplace) .....	\$219.00
50+ (membership includes Well Workplace) .....	\$438.00
*Additional Site Delegate .....	\$50.00
Total Annual Membership .....	\$____.

**Please make checks payable to WorkWell, Inc. and return to:**

WorkWell, Inc.  
3140 N Street  
Lincoln NE 68510

**THIS APPLICATION IS AN INVOICE.**

For Dept. Use Only:

Date Received: \_\_\_\_\_

Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

WorkWell is a non-profit  
(501)(c)(3) organization.